



HUMAN RESOURCE CONSULTANT 4

Opens: April 24, 2006

Closes: Open until filled

Salary: \$3,846 – 4,924 (Range 58)

LOCATION: There is **one full-time opening** in Lacey with the Human Resources office of the Health Care Authority.

AGENCY: The Health Care Authority is a cabinet-level agency of Washington State government. The HCA serves a key role in contracting with various health plans and other contractors to provide health, dental, long-term care, homeowners, life, long-term disability, and other insurance coverage to state employees, retired state employees, and residents of the state. The agency employs approximately 270 people located in Lacey and Seattle

WHO MAY APPLY: This recruitment is open to anyone who meets the desirable qualifications.

DUTIES:

Serves a “generalist” role in working with assigned programs within the Health Care Authority. Assignments require application of knowledge and expertise to make decisions on complicated issues, many of which have wide or precedent setting impact. Provides advice and consultation to HCA management and staff. Specific areas of professional HR responsibility include:

- position classification;
- compensation;
- recruitment and selection;
- leadership development and training;
- employee recognition and motivation;
- advising management on corrective and disciplinary actions and strategies;
- investigations of complaints regarding sexual harassment, discrimination, disparate treatment, etc.;
- representing HCA in mediations, appeals and hearings; and,
- interpretation of laws, rules, policies and procedures, and other personnel services.

DESIRABLE QUALIFICATIONS:

- A Bachelor's degree with focus on business, human resources, social or organizational behavioral sciences, or related field and three years of broad-based professional human resource experience, including facilitating organizational development or change, and advising and consulting on human resource issues.
- Ability to make decisions and develop options on broad impact issues; facilitate organizational response to an issue; demonstrate understanding of global perspective and organizational development and behavior; consistently apply leadership principles, conflict resolution, proactive intervention and negotiation, and group facilitation skills.
- Ability to facilitate problem solving process at organizational level; develop problem solving skills in others; develop collection and analysis methods for statistical or other data.
- Ability to independently counsel managers and employees on significant challenges; foster development of interpersonal skills in others; negotiate resolutions to conflicts which seem to be at an impasse.
- Ability to Influence organizational change; provide consultation to develop change strategies; align changes with the organization's strategic direction and objectives; advocate for positive outcomes; coach and mentor staff and leaders.
- Ability to provide clear written communications.
- Ability to provide consistently sound options to management when assisting in solving complicated HR issues.

Application Process:

Candidates may apply by submitting the following packet of information:

1. A letter of interest describing your experience in the areas listed in the Desirable Qualifications section.
2. A completed Washington State Application form.
3. A minimum of three employment references, two supervisors and one peer or co-worker;
4. The reference authorization form.
5. The profile data sheet.

Mailing Address	Email Address and Fax	Contact Information
Health Care Authority Human Resources Office PO Box 42698 Olympia WA 98504-2698	Please use: <u>HR Consultant 4 in the subject line</u> pabe107@hca.wa.gov Fax: (360) 923-2604	Patti Scherer-Abear (360) 923-2734 TTY: (360) 923-2703

The Health Care Authority vigorously pursues diversity in the workforce. Women, racial and ethnic minorities, persons of disability, and disabled and Vietnam-era veterans are encouraged to apply. Persons of disability needing assistance in the application process may call the Health Care Authority Human Resources Office at (360) 923-2819 or TTY (360) 923-2703. Applicants needing this announcement in an alternate format should contact our ADA Coordinator at (360) 923-2805 or TTY (360) 923-2701.

REFERENCE AUTHORIZATION FORM

To Whom It May Concern:

I, _____, authorize the Health Care Authority to contact my current and/or previous employers and anyone else appropriate in establishing my qualifications for the purposes of verification and reference. I knowingly and voluntarily release the State of Washington Health Care Authority, its individual employees, and all my former or present employers and their individual employees, from any and all known and unknown claims for damages or other relief arising out of the department's request for and receipt of employment information, unless my current or former employer is prohibited by state or federal law from disclosing the information that the department requests. This authorization includes review of state employee personnel files.

Date _____ Printed name of applicant _____

Applicant's signature _____

Where did you hear about this job? HCA ☐ DOP ☐ Newspaper ad ☐ Mailing ☐ Associate ☐

NOTE: A photocopy of this information shall be as valid as the original

Health Care Authority PROFILE DATA FORM

The information requested on this form is voluntary and is used for affirmative action purposes only. Ethnic minorities and persons of disability are covered in employment by various federal laws, which mandate Affirmative Action Plans for agencies receiving federal monies.

Name: _____ Date: _____

1. What race or culture do you consider yourself? If you are more than one race, please check "Other Race".

- | | | | | | |
|---|------------------------------------|------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Aleut | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Indian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black | <input type="checkbox"/> Eskimo | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Latino(a) | <input type="checkbox"/> White |
| <input type="checkbox"/> Other Race (specify indicate race or culture): _____ | | | | | |

If you are more than one race, please also check "Multi-Racial" below and indicate your preference for Affirmative Action purposes:

☐ Multi-Racial _____
(Affirmative Action Preference)

2. Are you: ☐ Male ☐ Female

3. Have you ever been on active duty in the U.S. Armed Services? ☐ Yes (if checked, see 3a and 3b) ☐ No

3a. Dates served: from: _____ to _____ 3b. Are you a disabled veteran? ☐ Yes (____ %) ☐ No

4. Do you have any physical, sensory, or mental condition that substantially (rather than slightly) limits any of your major life functions, such as: walking, speaking, seeing, hearing, breathing, working, learning, caring for oneself or performing manual tasks? ☐ Yes ☐ No

5. Do you have a physical, mental, or other health condition that has lasted six (6) or more months and which limits the kind or amount of work you can do at a job? ☐ Yes ☐ No

Date of Birth: ____/____/____

AFFIRMATIVE ACTION DEFINITIONS

American Indian or Alaskan Native. A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Asian/Pacific Islander. A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, Japan, Korea, Pakistan, the Philippine Republic, and Samoa.

Black/African-American. A person with origins in any of the Black racial groups of Africa.

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorders such as mental functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled veteran. A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.